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### \*\* CONTINUING DATA \*\*\*\*\*

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### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

INDIA 565/MUM/2002 06/26/2002

### \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged Examiner's Signature		Initials	INDIA	0	22	2

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### TITLE

Novel floating dosage form

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